

Purpose The questionnaire examines a wide range of childhood behaviors detailed from the perspective of the parent or guardian. In the test's first section, parents are asked to report briefly on several aspects of their child's day-to-day functioning, including involvement with groups and activities, relationships with peers, and performance in school. The second section consists of 118 Likert-type items which require parents to indicate how well the statement represents their child's behaviors during the past 6 months (0="Not true (as far as you know)," 1="Somewhat or sometimes true," and 2="Very true or often true"). Children receive scores across a variety of syndromes and DSM-oriented scales, including aggressive behavior, attention problems, somatic complaints, anxiety problems, attention deficit/hyperactivity problems, and conduct problems. As the questionnaire is intended to measure overall behavioral competence, only a few items relate directly to sleep issues:

- 47. Nightmares
- 54. Overtired without good reason
- 76. Sleeps less than most kids
- 77. Sleeps more than most kids during day and/or night (describe)
- 92. Talks or walks in sleep (describe)
- 100. Trouble sleeping (describe)
- 108. Wets the bed

However, some research suggests that sleep issues are frequently comorbid with mental disorders [1]. Thus, while clinicians interested in sleep may choose to focus primarily on these seven items of the CBCL, a more general

measure of behavioral issues could also be considered valuable, particularly when plotting a course for treatment.

Population for Testing The questionnaire is designed for youth aged 6–18. A second version has also been developed for children aged 1½–5.

Administration Parents provide responses either through interview with an administrator or by completing the pencil-and-paper form themselves. The test requires between 15 and 20 min for completion. Though administrators do not need to possess any specific qualifications, distributors ask individuals attempting to purchase test products to complete a "Test User Qualification Form." In order to be considered qualified to interpret results or supervise use of the test, an individual must have completed at least two university-level courses in tests and measurements (exceptions may be made for those who can demonstrate sufficient background in psychometric measures). Along with this parental response questionnaire, developers have designed a Teacher Report Form (6–18) and a Youth Self-Report form (11–18). These additional measures may be used when a researcher or clinician wishes to understand a child's behavior in a variety of contexts and from several perspectives.

Reliability and Validity Studies assessing the psychometric properties of the CBCL have been numerous and include evaluations of its efficacy

in different cultural settings and its potential uses in discriminating a variety of patient populations. According to research performed by the developers [2], the test has an inter-rater reliability ranging from .93 to .96, a test-retest reliability of .95–1.00, and an internal consistency of .72 – .97 – all quite high.

Obtaining a Copy The scale was developed and refined by Thomas Achenbach and colleagues for the Achenbach System of Empirically Based Assessment (ASEBA). To find a distributor in your area, visit the publisher's Web site: <http://www.aseba.org/index.html>.

Scoring Test scoring can be performed by hand or can be conducted through the use of computer

software sold by the publisher. In either case, raw scores for each of the test's eight syndrome constructs are tallied and plotted on a scale that converts them to *T*-scores and to percentiles of the normative sample. Each *T*-score falls into one of three ranges: normal (below 67), borderline (between 67 and 70), and clinical (above 70). Children are also given Internalizing, Externalizing, and total problem scores for which borderline and clinical ranges are slightly lower. While the CBCL is often treated as the gold standard in research and clinical questionnaires, it is important to remember that it is no substitute for a full clinical evaluation. Some have criticized the test for its lack of subtlety in detecting certain problems and others have suggested that its length may be unnecessary [3].



Please print.

CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5

For office use only
ID # _____CHILD'S First Middle Last
FULL NAME

CHILD'S GENDER

☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S ETHNIC GROUP
OR RACE

TODAY'S DATE

Mo _____ Day _____ Year _____

CHILD'S BIRTHDATE

Mo _____ Day _____ Year _____

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific— for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant

FATHER'S

TYPE OF WORK _____

MOTHER'S

TYPE OF WORK _____

THIS FORM FILLED OUT BY: (print your full name)

Your relationship to child:

☐ Mother☐ Father☐ Other (specify): _____

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 1 Aches or pains (without medical cause; **do not** include stomach or headaches)
- 0 1 2 2 Acts too young for age
- 0 1 2 3 Afraid to try new things
- 0 1 2 4 Avoids looking others in the eye
- 0 1 2 5 Can't concentrate, can't pay attention for long
- 0 1 2 6 Can't sit still, restless, or hyperactive
- 0 1 2 7 Can't stand having things out of place
- 0 1 2 8 Can't stand waiting; wants everything now
- 0 1 2 9 Chews on things that aren't edible
- 0 1 2 10 Clings to adults or too dependent
- 0 1 2 11 Constantly seeks help
- 0 1 2 12 Constipated, doesn't move bowels (when not sick)
- 0 1 2 13 Cries a lot
- 0 1 2 14 Cruel to animals
- 0 1 2 15 Defiant
- 0 1 2 16 Demands must be met immediately
- 0 1 2 17 Destroys his/her own things
- 0 1 2 18 Destroys things belonging to his/her family or other children
- 0 1 2 19 Diarrhea or loose bowels (when not sick)
- 0 1 2 20 Disobedient
- 0 1 2 21 Disturbed by any change in routine
- 0 1 2 22 Doesn't want to sleep alone
- 0 1 2 23 Doesn't answer when people talk to him/her
- 0 1 2 24 Doesn't eat well (describe): _____
- 0 1 2 25 Doesn't get along with other children
- 0 1 2 26 Doesn't know how to have fun; acts like a little adult
- 0 1 2 27 Doesn't seem to feel guilty after misbehaving
- 0 1 2 28 Doesn't want to go out of home
- 0 1 2 29 Easily frustrated

- 0 1 2 30 Easily jealous
- 0 1 2 31 Eats or drinks things that are not food—**don't** include sweets (describe): _____
- 0 1 2 32 Fears certain animals, situations, or places (describe): _____
- 0 1 2 33 Feelings are easily hurt
- 0 1 2 34 Gets hurt a lot, accident-prone
- 0 1 2 35 Gets in many fights
- 0 1 2 36 Gets into everything
- 0 1 2 37 Gets too upset when separated from parents
- 0 1 2 38 Has trouble getting to sleep
- 0 1 2 39 Headaches (without medical cause)
- 0 1 2 40 Hits others
- 0 1 2 41 Holds his/her breath
- 0 1 2 42 Hurts animals or people without meaning to
- 0 1 2 43 Looks unhappy without good reason
- 0 1 2 44 Angry moods
- 0 1 2 45 Nausea, feels sick (without medical cause)
- 0 1 2 46 Nervous movements or twitching (describe): _____
- 0 1 2 47 Nervous, highstrung, or tense
- 0 1 2 48 Nightmares
- 0 1 2 49 Overeating
- 0 1 2 50 Overtired
- 0 1 2 51 Shows panic for no good reason
- 0 1 2 52 Painful bowel movements (without medical cause)
- 0 1 2 53 Physically attacks people
- 0 1 2 54 Picks nose, skin, or other parts of body (describe): _____

Be sure you answered all items. Then see other side.

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Please print your answers. Be sure to answer all items.

| 0 = Not True (as far as you know) | | | 1 = Somewhat or Sometimes True | | | 2 = Very True or Often True | | |
|-----------------------------------|---|---|--|---|---|-----------------------------|--|--|
| 0 | 1 | 2 | 55. Plays with own sex parts too much | 0 | 1 | 2 | 79. Rapid shifts between sadness and excitement | |
| 0 | 1 | 2 | 56. Poorly coordinated or clumsy | 0 | 1 | 2 | 80. Strange behavior (describe): _____ | |
| 0 | 1 | 2 | 57. Problems with eyes (without medical cause) (describe): _____ | 0 | 1 | 2 | 81. Stubborn, sullen, or irritable | |
| 0 | 1 | 2 | 58. Punishment doesn't change his/her behavior | 0 | 1 | 2 | 82. Sudden changes in mood or feelings | |
| 0 | 1 | 2 | 59. Quickly shifts from one activity to another | 0 | 1 | 2 | 83. Sulks a lot | |
| 0 | 1 | 2 | 60. Rashes or other skin problems (without medical cause) | 0 | 1 | 2 | 84. Talks or cries out in sleep | |
| 0 | 1 | 2 | 61. Refuses to eat | 0 | 1 | 2 | 85. Temper tantrums or hot temper | |
| 0 | 1 | 2 | 62. Refuses to play active games | 0 | 1 | 2 | 86. Too concerned with neatness or cleanliness | |
| 0 | 1 | 2 | 63. Repeatedly rocks head or body | 0 | 1 | 2 | 87. Too fearful or anxious | |
| 0 | 1 | 2 | 64. Resists going to bed at night | 0 | 1 | 2 | 88. Uncooperative | |
| 0 | 1 | 2 | 65. Resists toilet training (describe): _____ | 0 | 1 | 2 | 89. Underactive, slow moving, or lacks energy | |
| 0 | 1 | 2 | 66. Screams a lot | 0 | 1 | 2 | 90. Unhappy, sad, or depressed | |
| 0 | 1 | 2 | 67. Seems unresponsive to affection | 0 | 1 | 2 | 91. Unusually loud | |
| 0 | 1 | 2 | 68. Self-conscious or easily embarrassed | 0 | 1 | 2 | 92. Upset by new people or situations (describe): _____ | |
| 0 | 1 | 2 | 69. Selfish or won't share | 0 | 1 | 2 | 93. Vomiting, throwing up (without medical cause) | |
| 0 | 1 | 2 | 70. Shows little affection toward people | 0 | 1 | 2 | 94. Wakes up often at night | |
| 0 | 1 | 2 | 71. Shows little interest in things around him/her | 0 | 1 | 2 | 95. Wanders away | |
| 0 | 1 | 2 | 72. Shows too little fear of getting hurt | 0 | 1 | 2 | 96. Wants a lot of attention | |
| 0 | 1 | 2 | 73. Too shy or timid | 0 | 1 | 2 | 97. Whining | |
| 0 | 1 | 2 | 74. Sleeps less than most kids during day and/or night (describe): _____ | 0 | 1 | 2 | 98. Withdrawn, doesn't get involved with others | |
| 0 | 1 | 2 | 75. Smears or plays with bowel movements | 0 | 1 | 2 | 99. Worries | |
| 0 | 1 | 2 | 76. Speech problem (describe): _____ | 0 | 1 | 2 | 100. Please write in any problems the child has that were not listed above | |
| 0 | 1 | 2 | 77. Stares into space or seems preoccupied | 0 | 1 | 2 | | |
| 0 | 1 | 2 | 78. Stomachaches or cramps (without medical cause) | 0 | 1 | 2 | | |

Please be sure you have answered all items.
Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)? ☐ No ☐ Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child:

LANGUAGE DEVELOPMENT SURVEY FOR AGES 18-35 MONTHS

For office use only
ID #

The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of the child's developing language. *Please print your answers. Be sure to answer all items.*

- I. Was the child born earlier than the usual 9 months after conception?
☐ No ☐ Yes—how many weeks early? _____ weeks early
- II. How much did the child weigh at birth? _____ pounds _____ ounces; or _____ grams.
- III. How many ear infections did the child have before age 24 months?
☐ 0-2 ☐ 3-5 ☐ 6-8 ☐ 9 or more
- IV. Is any language beside English spoken in the child's home?
☐ No ☐ Yes—please list the languages: _____

- V. Has anyone in the child's family been slow in learning to talk?
☐ No ☐ Yes—please list their relationships to the child; for example, brother, father:

- VI. Are you worried about the child's language development?
☐ No ☐ Yes—why _____

- VII. Does the child spontaneously say words in any language? (not just imitates or understands words)?
☐ No ☐ Yes—if yes, please complete item VIII and page 4.
- VIII. Does the child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."
☐ No ☐ Yes—please print 5 of the child's longest and best phrases or sentences.
 For each phrase that is not in English, print the name of the language.
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Be sure you answered all items. Then see other side.

Please circle each word that the child says **SPONTANEOUSLY** (not just imitates or understands). If your child says non-English versions of words on the list, circle the English word and write the first letter of the language (e.g., S for Spanish). Please include words even if they are not pronounced clearly or are in "baby talk" (for example: "baba" for bottle).

| FOODS | ANIMALS | ACTIONS | HOUSEHOLD | MODIFIERS | OTHER |
|-----------------|-------------------|-----------------|------------------|----------------|-----------------|
| 1. apple | 55. bear | 107. bath | 163. bathtub | 216. all gone | 264. any letter |
| 2. banana | 56. bee | 108. breakfast | 164. bed | 217. all right | 265. away |
| 3. bread | 57. bird | 109. bring | 165. blanket | 218. bad | 266. boohoo |
| 4. butter | 58. bug | 110. catch | 166. bottle | 219. big | 267. byebye |
| 5. cake | 59. bunny | 111. clap | 167. bowl | 220. black | 268. excuse me |
| 6. candy | 60. cat | 112. close | 168. chair | 221. blue | 269. here |
| 7. cereal | 61. chicken | 113. come | 169. clock | 222. broken | 270. hi, hello |
| 8. cheese | 62. cow | 114. cough | 170. crib | 223. clean | 271. in |
| 9. coffee | 63. dog | 115. cut | 171. cup | 224. cold | 272. me |
| 10. cookie | 64. duck | 116. dance | 172. door | 225. dark | 273. meow |
| 11. crackers | 65. elephant | 117. dinner | 173. floor | 226. dirty | 274. my |
| 12. drink | 66. fish | 118. doo-doo | 174. fork | 227. dry | 275. myself |
| 13. egg | 67. frog | 119. down | 175. glass | 228. good | 276. nighttime |
| 14. food | 68. horse | 120. eat | 176. knife | 229. happy | 277. no |
| 15. grapes | 69. monkey | 121. feed | 177. light | 230. heavy | 278. off |
| 16. gum | 70. pig | 122. finish | 178. mirror | 231. hot | 279. on |
| 17. hamburger | 71. puppy | 123. fix | 179. pillow | 232. hungry | 280. out |
| 18. hotdog | 72. snake | 124. get | 180. plate | 233. little | 281. please |
| 19. ice cream | 73. tiger | 125. give | 181. potty | 234. mine | 282. Sesame St |
| 20. juice | 74. turkey | 126. go | 182. radio | 235. more | 283. shut up |
| 21. meat | 75. turtle | 127. have | 183. room | 236. nice | 284. thank you |
| 22. milk | | 128. help | 184. sink | 237. pretty | 285. there |
| 23. orange | BODY PARTS | 129. hit | 185. soap | 238. red | 286. under |
| 24. pizza | 76. arm | 130. hug | 186. spoon | 239. stinky | 287. welcome |
| 25. pretzel | 77. belly button | 131. jump | 187. stairs | 240. that | 288. what |
| 26. raisins | 78. bottom | 132. kick | 188. table | 241. this | 289. where |
| 27. soda | 79. chin | 133. kiss | 189. telephone | 242. tired | 290. why |
| 28. soup | 80. ear | 134. knock | 190. towel | 243. wet | 291. woofwoof |
| 29. spaghetti | 81. elbow | 135. look | 191. trash | 244. white | 292. yes |
| 30. tea | 82. eye | 136. love | 192. T.V. | 245. yellow | 293. you |
| 31. toast | 83. face | 137. lunch | 193. window | 246. yucky | 294. yumyum |
| 32. water | 84. finger | 138. make | | | 295. any number |
| | 85. foot | 139. nap | PERSONAL | CLOTHES | PEOPLE |
| TOYS | 86. hair | 140. open | 194. brush | 247. belt | 296. aunt |
| 33. ball | 87. hand | 141. outside | 195. comb | 248. boots | 297. baby |
| 34. balloon | 88. knee | 142. patty cake | 196. glasses | 249. coat | 298. boy |
| 35. blocks | 89. leg | 143. peekaboo | 197. key | 250. diaper | 299. daddy |
| 36. book | 90. mouth | 144. peepee | 198. money | 251. dress | 300. doctor |
| 37. crayons | 91. neck | 145. push | 199. paper | 252. gloves | 301. girl |
| 38. doll | 92. nose | 146. read | 200. pen | 253. hat | 302. grandma |
| 39. picture | 93. teeth | 147. ride | 201. pencil | 254. jacket | 303. grandpa |
| 40. present | 94. thumb | 148. run | 202. penny | 255. mittens | 304. lady |
| 41. slide | 95. toe | 149. see | 203. pocketbook | 256. pajamas | 305. man |
| 42. swing | 96. tummy | 150. show | 204. tissue | 257. pants | 306. mommy |
| 43. teddy bear | | 151. shut | 205. tooth brush | 258. shirt | 307. own name |
| OUTDOORS | VEHICLES | 152. sing | 206. umbrella | 259. shoes | 308. pet name |
| 44. flower | 97. bike | 153. sit | 207. watch | 260. slippers | 309. uncle |
| 45. house | 98. boat | 154. sleep | | 261. sneakers | 310. name of TV |
| 46. moon | 99. bus | 155. stop | PLACES | 262. socks | or story |
| 47. rain | 100. car | 156. take | 208. church | 263. sweater | character |
| 48. sidewalk | 101. motorcycle | 157. throw | 209. home | | |
| 49. sky | 102. plane | 158. tickle | 210. hospital | | |
| 50. snow | 103. stroller | 159. up | 211. library | | |
| 51. star | 104. train | 160. walk | 212. park | | |
| 52. street | 105. trolley | 161. want | 213. school | | |
| 53. sun | 106. truck | 162. wash | 214. store | | |
| 54. tree | | | 215. zoo | | |

Other words your child says, including non-English words:

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